## PART B - FEE(S) TRANSMITTAL

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

APPLICATION N	IO. FILING	G DATE FII	RST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/581,619 01/		/2007 Kazuyuki OHM		ОТО	Q95329		4852	
TITLE OF INVENTION: BLOOD FLOW PROMOTERS FOR CAUDA EQUINA TISSUES								
APPLN. TYPE	SMALL ENTITY			ION PREV	V. PAID ISSUE FEE	TOTAL FEE( DUE	S) DATE DUE	
nonprovisional	NO	\$1510.00	\$300.00		\$0.00	\$1,810.00	10/08/2010	
EXAMINER			ART UNI	T CL	ASS-SUBCLASS			
	RICCI, GRAIG D		1628		514-183000			
1. Change of correspond	"(37 CFR 1.363	2. For printing	ng on the patent front p	page list 1	Sughrue Mion, PLLC			
$\Box$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.					nes of up to 3 regis agents OR, alternative			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.				Rev (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
ONO PHARMACEUTICAL CO. , LTD. Osaka, Japan								
Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government								
4a. The following fee(s) are submitted:			4b. Paymer	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
✓ Issue Fee			☐ A check	☐ A check is enclosed.				
☑ Publication Fee (No	Paymen	☑ Payment by credit card. Form 1310-2038 is attached.						
☐ Advance Order - # of Copies				$\square$ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $\underline{19-4880}$ .				
				☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.				
5. Change in Entity Status (from status indicated above)								
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.								
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.								
Authorized Signature	_/	/Keiko K. Takagi/ #47,121			October 7,		, 2010	
Typed or Printed Name	; j	for Susan J. Mack			No.	30,951		